

**FIRST STEPS PROFESSIONAL DEVELOPMENT PLAN
FOR DEVELOPMENTAL INTERVENTIONISTS
FOR ACHIEVING THE IECE CERTIFICATION**

Name _____ Date _____

Address _____

Phone _____ E-mail Address _____

State degree(s), teaching certificates, or credentials you have:

Choose one of the following procedures:

____ 1. If you have earned the IECE certificate include a copy of it with this form.
Failure to do so will result in denial.

____ 2. If you are currently enrolled in a university program leading to the IECE certificate:

Indicate which university and the name of your program advisor:

When did you officially enter the program? _____

What Level? _____ undergraduate _____ graduate

Other: _____

Please attach copies of the following to this RF 7:

(Failure to do so will result in denial).

- a. A copy of your program of study with your advisor's signature, your signature, and the date signed.
- b. A statement indicating which items from your program of study you plan to complete in the next 12 months. If this is a renewal also indicate which items were complete in the past 12 months.
- c. Proof of Bachelor's degree.

All information must be updated and submitted on an annual basis.

Please be sure all information is accurately filled out and all attachments are provided. Failure to do so will result in denial.

For Central Office use only:

Approved by: _____ Date _____